



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050237 ✓ Entity Name JAMES MATHEWS LLC		
Principal Place of Business 6850 PINE FOREST ROAD PENSACOLA, FL 32526 US		Mailing Address 6850 PINE FOREST ROAD PENSACOLA, FL 32526 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MATHEWS, JAMES 6850 PINE FOREST ROAD PENSACOLA, FL 32526		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000509290 04/28/06-80036-009 \$11.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, JAMES 6850 PINE FOREST ROAD PENSACOLA, FL 32526	
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DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4-5-06 850-982-5802 <small>Date Daytime Phone #</small>